

CUSTOMER COMPLAINT FORM
YOU MUST FILL IN ALL OF THE FOLLOWING QUESTIONS - PLEASE PRINT

Name of customer listed on new telephone bill? _____

If your name is not on the bill, please print your name here: _____

What is your relationship to the customer of record? _____

(Please note-if you are not the customer of record, you will need to provide written authorization from the customer to look into this matter on his/her behalf).

Day time telephone number where you can be reached: _____
(Area Code)

Account information as it appears on new bill:

Mailing address:(Street) _____ (Town) _____ (Zip) _____

Telephone number(s) that were switched: _____
(Area Code)

Date you were first notified that the telephone service was switched: _____

Name and telephone number of telecommunications company that switched your telephone service without authorization: _____

Name and telephone number of your original local telephone service provider. (Needed even if that service was not changed) _____

Name and telephone number of your original local toll or regional telephone service provider: (Needed even if that service was not changed) _____

Name and telephone number of your original long distance telephone service provider: _____

Type of telephone service switched: (Circle check all that apply)

<input type="checkbox"/> Local	<input type="checkbox"/> Local Toll/Regional	<input type="checkbox"/> Long Distance
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Explain how you think the switch occurred without your authorization:(use back side of form if necessary) _____

Procedure to be followed: (Please check one after reviewing the enclosed information)

<input type="checkbox"/> Formal	<input type="checkbox"/> Informal
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Please enclose one or all of the following documents: VERY IMPORTANT

- ☐ Copy of first telephone bill or notice by unauthorized company
- ☐ Copy of previous carrier's bill indicating that you were with a another carrier before the switch

Signature of Customer of Record: _____ for Clarity: _____ Please Print Name